

EMPOWERUN 5K

Volunteer Form

Name: _____ Age: _____ DOB: _____ Gender: ☐ Male ☐ Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

I am volunteering as a(n): ☐ Individual ☐ Team Team Name: _____

Adult T-Shirt Size (Please Check One): ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL

Volunteer Waiver – EmpoweRun 5K

IN CONSIDERATION of the acceptance of my application and the permission to participate as a volunteer in the EmpoweRun 5K ("the event"), I, for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE, Davie Domestic Violence Services and Rape Crisis Center, County of Davie, all sponsors, volunteers, contributors, contractors, employees, sanctioning bodies ("the aforesaid") OF AND FROM ANY AND ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWEVER CAUSED, arising or to arise by reason of my participation in the event as a volunteer, or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING THAT THE SAME MAY HAVE BEEN CONTRIBUTED TO, OR OCCASIONED BY, THE NEGLIGENCE OF ANY OF THE AFORESAID. I further hereby agree to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any and all of them as a result of, or in any way connected with, my participation in the event.

I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by me or on my behalf for medical treatment.

I WARRANT that I am physically fit to serve as a volunteer.

I hereby further agree that my failure to sign the volunteer waiver will mean I will not be allowed to participate in the EmpoweRun 5K. **I approve the use of any photos of myself taken at this event for use in promotional materials and advertising by the EmpoweRun 5K host organizations.**

BY SIGNING THIS WAIVER, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY.

Volunteer Signature

Date

Parent/Guardian Signature (If under 18)

Date